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PTO/SB/50 (modified) (02-01)
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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Mail Stop Reissue Commissioner For Patents P. O. Box 1450 Alexandria, VA 22313-1450	Attorney Docket No.	18602-06754
	First Named Inventor	Eric C. Anderson
	Original Patent Number	6,263,453 B1
	Original Patent Issue Date (Month/Day/Year)	July 17, 2001
	Express Mail Label No.	EV342133536US

APPLICATION FOR REISSUE OF:

(check applicable box)



Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS

1. ☒ *Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
2. ☐ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification and Claims in double column copy of patent format (amended, if appropriate)
4. ☒ Drawing(s) (proposed amendments, if appropriate)
5. ☒ Reissue Oath/Declaration (unsigned)
(37 C.F.R. § 1.175)(PTO/SB/51 or 52)
6. Original U.S. Patent currently assigned?
☒ Yes ☐ No
(If Yes, check applicable box(es))
☐ Written Consent of all Assignees (PTO/SB/53)
☐ 37 C.F.R. § 3.73(b) Statement ☐ Power of Attorney (PTO/SB/96)

ACCOMPANYING APPLICATION PARTS

7. ☐ Statement of status/support for all changes to the claims. See 37 CFR 1.173(c).
8. ☒ Original U.S. Patent for Surrender
☐ Ribbioned Original Patent Grant
☐ Statement of Loss
☒ Offer to Surrender Patent
9. ☐ Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
10. ☐ Information Disclosure Statement (IDS)/PTO/SB/08A ☐ Copies of IDS Citations
11. ☐ English Translation of Reissue Oath/Declaration
(if applicable)
12. ☒ Preliminary Amendment and Statement of status/support for all changes to the claims.
See 37 CFR 1.173(c).
13. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
14. ☒ Other: Application Data Sheet

14. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label

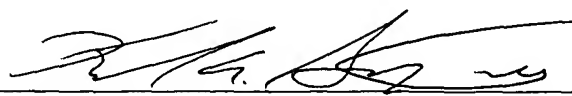


or ☐ Correspondence address below

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Name (Print/Type)	Kirk A. Gottlieb	Registration No. (Attorney/Agent)	42,596
Signature		Date	July 17, 2003

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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) 18602-06754		
Claims as Filed - Part 1								
Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity Rate	Fee	Other than a Small Entity Rate Fee		
(A) 20	Total Claims (37 CFR 1.16(j))	(B) 32	**** 12 =	x \$ _____ =	or	x \$18.00 =	216.00	
(C) 4	Independent Claims (37 CFR 1.16(i))	(D) 7	* 3 =	x \$ _____ =		x \$84.00 =	252.00	
Basic Fee (37 CFR 1.16(h))						\$ _____		\$ 750.00
Total Filing Fee					\$ _____	OR	\$ 1,218.00	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity Rate Fee		Other than a Small Entity Rate Fee	
Total Claims (37 CFR 1.16(j))	*** 32	MINUS	** 20 =	* = 12	x \$ _____ =	or	x \$18.00 =	216.00
Independent Claims (37 CFR 1.16(i))	*** 7	MINUS	***** 4 =	= 3	x \$ _____ =		x \$84.00 =	252.00
Total Additional Fee					\$ _____		OR	\$ 468.00
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims</p> <p>**** If "A" is greater than 20, use (B-A); if "A" is 20 or less, use (B-20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p>								
<p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17, which may be required, or credit any overpayment to Deposit Account No. <u>19-2555</u>. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>1,218.00</u> to cover the filing fee is enclosed.</p>								
July 17, 2003		 Signature of Applicant, Attorney or Agent of Record <u>Kirk A. Gottlieb, Reg. No. 42,596</u> Typed or printed name						

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.